

## **ROYAL OAKS VETERINARY HOSPITAL, LLC**

**K. Dwyer, DVM**

**M. Giangreco, DVM**

**2105 Hartwood Marsh Rd, Suite 1 & 2**

**Clermont, Florida 34711**

**(352) 243-8043**

### **Patient/Client Information**

Thank you for giving us the opportunity to care for your pet. Please help us better meet your concerns and your pet's needs by taking a few moments to complete this information sheet.

#### **SECTION A (CLIENT INFORMATION)**

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Email: \_\_\_\_\_ Employer's Name & Phone: \_\_\_\_\_

Spouse's/ Other's Employer's Name & Phone: \_\_\_\_\_

In Case of EMERGENCY, Call \_\_\_\_\_ at \_\_\_\_\_

Professional fees are due at time services are rendered.

Preferred Method of Payment: ☐ Cash ☐ Check ☐ Credit Card

How did you hear of our hospital?

- Individual/ Someone we may thank? \_\_\_\_\_
- Yellow pages, other directory? \_\_\_\_\_
- Hospital Sign? \_\_\_\_\_
- Other? \_\_\_\_\_

How Would You Like To Be Reminded of Future Recommended Preventive Health Care Services?

☐ Phone ☐ Mail ☐ Both Phone & Mail ☐ Email

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**\*DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination will be updated at the time of your appointment if it is not current.**

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION B (PATIENT MEDICAL HISTORY)**

<b>Please complete information for all your pets - Thank You!</b>	<b>Pet #1</b>	<b>Pet #2</b>	<b>Pet #3</b>	<b>Pet #4</b>
Pet's Name				
Species (Dog, Cat)				
<b>Breed</b> and Description				
Age or Date of Birth (Approximate)				
Sex (M/F)				
Spayed or Neutered?				

\*You must furnish a copy of your pet's most recent vaccination history to us prior to check-in.  
This will help us to ensure that your pet stays current on all recommended preventative care.

We greatly appreciate being allowed to be a part of your pet's health care.